## Note for oral health programs using this template

This is provided for use by Health Centers and other safety-net clinics in creating materials to be used as part of an orientation process for students who are beginning a clinical affiliation. Please modify the content as you wish. Throughout the document, some text appears in [red typeface]. These are prompts for entry of information specific to your organization or clinic. Be sure to type your own text in those areas, change the color to "automatic," and remove the brackets.

This template was developed by the National Network for Oral Health Access and Dr. Rob Berg of the University of Colorado School of Dental Medicine. If you have any questions, please contact us at info@nnoha.org.

NNOHA
National Network for Oral Health Access

# Orientation to your affiliation with [XYZ] Health Center's clinic in [ _____ ]

## [XYZ] Health Center

Our organization was founded in [year]. Our mission is to [type organization's mission statement here]. We're governed by a board made up of [number] people from the community who support our mission and put their own talents to work in helping us achieve it. [XYZ] now operates [number of clinics] in [locations of clinics] where we work to enhance the health of our community.

Our team of providers includes physicians, dentists, and [list others]. Our medical team has about [number] active patients and provided [number] clinic visits in [year]. We also provided [other, e.g. mental health] services to [number] people. About [number] people visited our dental clinic[s], where we provided [number] patient visits. Our [e.g. pharmacy] served [number] patients at [location].

As you might expect, we provide community-oriented primary health care to people of all ages and backgrounds. You might not know about some of our programs aimed at specific populations – people who face health risks or have needs that call for targeted interventions. Some of these include [list and describe initiatives here].

While on this clinical affiliation, you'll be part of our mission. We're glad you're here. We hope that your work with us furthers your education and resonates with your value system.

## Section 1: Get to know us

### Working at our clinic

***Here are the times you'll be at work in our clinic –*** The dental clinic is open from [time] to [time], [day] through [day]. Please arrive by [time] each morning. That will give you time to prepare for your first patient and talk briefly about the morning schedule with the other staff members. We usually begin our midday lunch break at [time]. Please return to the clinic by [time] to prepare for the afternoon session. The last scheduled patient appointment each day is at [time]. The target time at which our support staff members hope to leave for the day is [time]. As the morning and afternoon sessions draw to a close, our clinic remains open until patient treatment is concluded. However, it's important that you consider your staff member's schedule and set a realistic pace for the care you provide. It will be our goal to help you enhance your ability to manage time effectively and meet the demands of a busy schedule. Once the support staff leaves, you may talk with your supervising dentist and seek permission to leave as well.

***Make yourself comfortable –*** The clinic provides staff parking in [describe area and any parking rules that will apply to the student]. You can enter the building through [describe

the best entrance for staff to use]. When you arrive, your coat, backpack and other belongings are best placed in [describe a secure place for these items]. We invite you to take quick breaks during the day in [someone's] office and you can eat your lunch in [location]. Staff restrooms are [location].

***Delays and absences are a major problem for us –*** Sometimes road conditions and traffic problems can be predicted, but often that's not possible. We know that some delays are unavoidable. Even so, when you start your first patient's appointment late, you may be affecting your coworkers' schedule for the entire day. Add this phone number [contact person and number for late arrival] to your phone's speed-dial list. If you think you may be delayed, call and let us know. Of course absences have an even greater impact on our schedule than late arrivals. As soon as you realize that you are too ill to practice or you become aware that someone who depends on you is ill, we need to know. For absence due to illness, call [contact person and number for absence]. Please add this to your speed-dial list too.

## Meet our faculty and staff

***Primary clinical supervisor –*** Your primary clinical supervisor, primary preceptor, during this affiliation will be Dr. [Name]. [She/he] earned [her/his] dental degree at [university] [and completed a _____ residency at _____]. Subsequently, Dr. [Name] practiced dentistry for about [years] at [practice location] and for about [years] here. [She/he] lives in [community or location] and [list something interesting about her/him]. Your school considers Dr. [Name] their primary contact at our clinic and for your education while you're here. Your weekly and end-of-affiliation assessments will be done with [her/him]. We hope you'll make an effort to get acquainted and form a close working relationship with one another.

***Other staff dentists –*** You may also be supervised in our clinic by the other staff dentists listed here. Your school has authorized them to be preceptors for you and we hope you'll develop a rapport with them as well.

- Dr. [Name]: [She/he] earned [her/his] dental degree at [university] [and completed a _____ residency at _____]. Subsequently, Dr. [Name] practiced dentistry for about [years] at [practice location] and for about [years] here. [She/he] lives in [community or location] and [list something interesting about her/him].
- Dr. [Name]: [She/he] earned [her/his] dental degree at [university] [and completed a _____ residency at _____]. Subsequently, Dr. [Name] practiced dentistry for about [years] at [practice location] and for about [years] here. [She/he] lives in [community or location] and [list something interesting about her/him].
- Dr. [Name]: [She/he] earned [her/his] dental degree at [university] [and completed a _____ residency at _____]. Subsequently, Dr. [Name] practiced dentistry for about [years] at [practice location] and for about

[years] here. [She/he] lives in [community or location] and [list something interesting about her/him].

***Other clinic team members –*** Our clinic depends on a dedicated group of people who support the dental providers and operate the clinic in which we provide treatment. Our dental hygienists are [Name] and [Name]. Our clinic operations manager is [Name]. She/he [briefly describe this person's role]. Other key team members are [list names here]. They already know your name, so be sure to learn their names.

## Who we treat

***Our geographic focus –*** We have defined our mission as serving people in [describe the geographic area that you serve]. [*For FQHCs:* You may hear the term "catchment area" used to describe this area. The federal program that provides some of the primary funding for FQHCs, also known as Community Health Centers, uses that term.] Within this area, we monitor the challenges and barriers that affect health status and access to health care and seek ways to help the community overcome them. We take a special interest in the schools located in the area, including [list any schools in which your organization takes special interest].

***Pediatric patients –*** People aged [age] and younger make up approximately [number] percent of our active patients and [number] percent of our patient visits. Serving them is vital to our mission. Pediatric practice can be challenging to an inexperienced dentist, particularly since the majority of patients seen in dental school clinics are adults. On the other hand, treating children is one of the most rewarding things a dentist can do. Please be completely honest with your preceptors about your experience with treatment of children. In addition to the unique procedures associated with pediatrics, managing a child's anxiety and behavior is an art that you will learn over time. With your preceptor's help, you can build confidence with the procedures and management techniques you'll need to effectively treat children here and in your future practice.

***Services available for specific medical conditions and age groups –*** We've monitored the needs of our community over the years. As a result, we've identified population sub-groups who are at elevated risk for poor oral health and require our particular focus. Here are some risk groups and the efforts we have in place to address those risks:

- [Risk group, e.g. pregnant women]: [Describe effort or program]
- [Risk group, e.g. older adults]: [Describe effort or program]

In addition, our dental department works closely with our medical providers to provide consultation and intervention when they identify individuals at risk.

***Levels of care –*** Because there is so much oral health care need within the community, an important task for community health providers is triage. We need to allocate the available resources responsibly. This means always addressing acute infection and pain, but also

making a broader range of services available in an equitable manner. Here's the current allocation matrix:

- Urgent care makes up about [number] percent of adult visits. Urgent care is defined as treatment of acute infection and/or pain.
- Limited care makes up about [number] percent of adult visits. Limited care is defined as [your organization's definition, e.g. Phase 1 care only].
- Comprehensive care makes up about [number] percent of adult visits. Comprehensive care is defined as [your organization's definition, e.g. Phase 1 and Phase 2]. We are not able to provide [specific services, e.g. second molar endo] at this time.

## Teaching philosophy

***Why are we teaching?*** Unlike the faculty based at your dental school, teaching is not our primary job. Your preceptors are clinical providers first, employed here at [XYZ] to treat patients. Each of us, along with [XYZ], has made a choice to add a teaching component to the work we do. One personal reason for many of us is that we want to help the next generation of dentists get off to a good start. We had great mentors early in our careers (or wish we had) and want to pass that forward. We and [XYZ] also want to broaden the network of dentists who understand communities like the one we serve. Whether you enter private practice with empathy for people who face access to care barriers or actually practice in community health, a network of supporters like you will serve our mission. The motivation we share with all teachers is that we want to encourage you, our students, to keep asking why you do the things you do.

***Teaching you to make the best clinical decisions –*** Like the faculty based on campus, we'll encourage you to base decisions on evidence as well as your own experience. There are many questions that research has not resolved, but individual experience is always limited and can mislead. As you make clinical decisions with us, we will also try to help you assess risk and benefit in the context of both clinical parameters and patient resources. In your time with us, you will need to make definitive decisions within strict time constraints and you will learn to postpone decisions, to "wait and see." Perhaps the area of greatest importance is learning to recognize your strengths and the situations in which you need help or are not the best provider for the task. Knowing when to refer or seek help is a lifelong clinical skill.

# Section 2: Practicing in our clinic

## Charting policies

***Your assistant will chart for you –*** When you have an assistant, you will not need to fill in the patient data that you collect. It will be entered in the electronic dental record (EDR) for you. However, it is never permissible to have your assistant write your progress note. That is always the responsibility of the provider who treated the patient.

***Without an assistant, you'll need to understand and navigate the EDR –*** There will probably be times when you gather patient data without an assistant beside you in the operatory. At those times, you'll need to be competent at entering the data in the EDR. We require that you learn how to do the following tasks, accurately and without compromising the electronic record:

- History updates
- Periodontal charting
- Entering documents such as consent forms and limited examination forms
- Tooth charting
- Treatment planning, including context notes and general notes

***You will need to learn how to effectively use our EDR –*** entering data yourself and navigating existing data during clinical decision making. Ask [Name] for our EDR training materials and study them.

## Clinical practice rules

***Review chart before entering treatment area –*** Before you enter a treatment area and greet a patient, you must review the patient's chart and the planned treatment. Computers with access to the EDR are available outside the treatment area. We want you to make yourself familiar with relevant histories, proposed treatment, and recent progress notes. Then, brief your supervising dentist (your preceptor) on the key patient data and any concerns you may have. Once you enter the treatment area, you will begin practicing dentistry by making assessments. By briefing your preceptor, you will make him/her aware of your actions as his/her delegate and you may gain insights that will be valuable when you assess the patient.

***Introduce yourself to the patient as a student dentist –*** When the patient signed our clinic's general consent for treatment, that consent included the possibility of treatment being provided by a student dentist practicing under a licensed staff dentist's direct supervision. According to many legal experts, this is sufficient written consent for the situation. However, the patient must also be aware of (informed) which provider is the licensed dentist and which is the student dentist. This is done by your wearing the appropriate student dentist identification badge (provided either by your school or by our clinic) and by your verbal introduction of yourself. For example, "Hi, my name is _____. I'm a student dentist from the University of _____ and I'm practicing under Dr. _____." Introducing

oneself to a patient before initiating care has become standard procedure in hospitals, whether you're a hip surgeon, anesthesiologist or nursing assistant. Then the next step is verifying the patient's identity by asking, "Are you _____?" A dental clinic greeting should be no different and you shouldn't feel self-conscious about it.

***Prescribing policies –*** Please review this summary of our prescribing policies, both for non-narcotic and narcotic medications. [Type that summary here.]

***Remember, you're practicing under your preceptor's license –*** After practicing for a while, it's sometimes easy to forget that you have not graduated from dental school and do not have a license to practice dentistry. It is important that you feel a sense of personal responsibility for the care you provide and we want you to feel that the people you treat are your patients. However, you must always remember that your preceptor is legally responsible for everything you do for your patients. Every dentist worked very hard to get her/his license and they care very deeply about their licenses. Never lose sight of that position of trust that you hold with your preceptor. Please review the following "no exceptions" rules for practice:

- Never change any portion of a treatment plan or any feature of a planned treatment without your preceptor's knowledge and permission. For example, do not change from alloy to composite without discussing the change with your preceptor and receiving permission.
- Always comply with rules established by your preceptor. In addition to any personal rules that your preceptor might have, at our clinic we have a rule of threes: You must have permission from your preceptor before (a) injecting a third carpule of local anesthetic or (b) retaking the same radiographic view for a third time.
- Never initiate treatment without your preceptor's knowledge and approval.
- Never dismiss a patient without your preceptor's knowledge and approval.

## Surgical safety checklist

Our clinic's surgical safety checklist is intended to reduce the risk of errors that would harm our patients. This checklist is based on current accepted practice and it represents another set of "no exceptions" rules for practice.

***Sign-in, prior to administering anesthetic –***

- Assess your patient's vital signs and confirm your patient's identity.
- Review the planned procedure(s) and site(s) with your supervising dentist.
- Review the planned procedure(s) and site(s) with the patient. As part of this discussion, ensure that written informed consent has been reviewed, signed and witnessed.

- Confirm whether or not any medical prophylaxis is needed and, if so, that it has been done.

***Time-out, prior to cutting tissue –***

- Verbally confirm procedure(s) and site(s) with team and patient.
- Review available radiographs and treatment plan.
- Confirm availability of needed instruments.

***Sign-out, prior to dismissing patient –***

- Assess patient's vital signs
- Provide post-operative instructions
- Review case with supervising dentist and obtain permission to dismiss

## Progress notes

***Progress note is a vital part of the patient chart –***

- written by the provider who treated the patient; never by a dental assistant
- reviewed and counter-signed by the supervising dentist
- completed, reviewed and counter-signed before the end of the session (morning or afternoon) in which the patient was seen, usually by [times, e.g. 11:45 and 4:45] daily
- no unnecessary abbreviations
- include history update, diagnostic codes, type and dosage of local anesthetic, CDT codes, and pain levels
- check tooth numbers, other data and spelling carefully before signing

***Please review these specific structural elements of our progress notes at [XYZ] –*** [Describe your progress note structure here.]

## Appointment control

***Patients invest time and effort to get appointments –*** Our clinic schedule is set approximately [number] weeks in advance. Patients call in to make an appointment and they typically have to wait about [number] weeks for that appointment. For this reason alone, it is very important that we do everything we can to avoid canceling those appointments. We strongly ask that you manage your personal schedule in a way that gives your patients the priority they deserve. If you are aware of an upcoming need to be away, you should tell your faculty at the school well in advance, so they can tell us and limit appointments on that day.

***Patients will be assigned to you for care –*** There are a variety of ways that a clinic can arrange patients for a student dentist on a clinical affiliation. We [describe the system you use, whether your schedule has a student column, a column for each operatory or some other system]. Our appointments are scheduled in [describe the way your clinic determines

the length of time needed for an appointment when it's made] increments. When you're ready to see another patient, let [Name] know you're ready. You should expect to treat about [number] patients on a typical day. If you have any concerns about the number of patients scheduled or assigned to you, how busy you are, or the mix of procedures scheduled for you, please don't keep your concerns to yourself. Discuss it with your preceptor so that you can either have the situation changed or else understand the reason for it.

## Section 3: Your educational experience

### Our teaching relationship

***Collegial relationship –*** Please talk with your preceptors regularly, as professional colleagues. If you don't understand why we do something here at our clinic, ask about it. Even if Dr. [Name] appears busy or distracted, [she/he] really does want you to talk and connect. This is not a graded experience and there are no bad questions.

***Relationship in the context of patient care –*** Dentists who supervise students use a variety of techniques to identify strengths and areas where growth is needed. Your preceptor is observing you more closely than you realize. [She/he] may also be asking staff member how you're doing, particularly if the clinic is very busy or your preceptor finds it difficult to get acquainted with you. Generally speaking, the level of responsibility given to a student dentist increases with time. As you demonstrate good clinical skills and good judgment, you'll gain more autonomy and more discretion. Remember the good news/bad news aspect of arriving at a new affiliation site – your record is a bit of a "blank slate." Here are some other considerations for the shared patient care relationship:

- You may wish that we had an instrument or material that you're familiar with. If that's the case, this may be a good opportunity to learn something new. But if you're uncomfortable without that familiar instrument or material or you don't fully understand how to use what we make available, please talk with Dr. [Name] about it.
- Sometimes at your school, in a graded situation, you may feel that you'd rather not admit you don't know something. Please be at ease here at our clinic. When you don't know something or aren't sure, ask for help. Our goals here are patient safety and quality educational experience. It's always better to ask for help too early, when you're not certain if you need help, than to wait until you're in over your head.
- We care about our patients and we want you to care about them as well. They're yours and ours. Even though you'll only be here a relatively short time, that doesn't matter to the patients. They just see you as the dentist and they put their trust in you.
- There may be times when you and your preceptor disagree on a course of treatment. That's a good sign about your level of interest and knowledge. It also may be an opportunity to find out more about the situation. If you and your preceptor disagree about treatment, discuss it as colleagues and

try to understand. Of course you must remember in the end, though, that you are practicing under your preceptor's license.

## Pace and flow of schedules

***Potential imbalance among clinician schedules –*** There may be occasions when your preceptor is given a patient and you would like to have treated them yourself. That might happen if the patient has a long-standing relationship with your preceptor. It could also happen if the preceptor is aware of difficult patient management issues with that patient. Conversely, you may find yourself busy treating patients while your preceptor doesn't have a patient. If things are slow in the clinic, that might be related to our awareness that you came to us for experience. Given a choice between your preceptor working while you have nothing to do, versus the alternative, we'll usually give you the experience.

***Pace of work is variable –*** We're a bit like the airlines, in that we expect a certain percentage of our patient appointments to be broken. In an attempt to anticipate that, we over-book our schedule. However, if we over-book excessively the patient volume will become unmanageable on a given day when few or no appointments are failed. If we don't over-book enough, the opposite may happen. We try to over-book for an average percentage of failed appointments. However, one thing we don't often have is an "average" day.

## Sharps injury response

***Rule #1 is to be careful and prevent sharps injuries –*** It should be obvious, but knowing how to avoid sharps injuries is even better than knowing what to do about them. You will be practicing in an unfamiliar clinic, with carts and instruments sometimes in locations you don't expect. In our clinic, it's likely you will also be practicing at a faster pace than you are used to. Both of these features of your practice with us may place you at higher risk of a sharps injury.

The way to increase your "clinical speed" is to make your movements more efficient, but not necessarily faster. Here are some suggestions for becoming more efficient:

- Know what you're doing – before sitting down to begin treatment, review the needed steps in your mind.
- Prepare your operatory – look at the instrument table before you begin, to verify that the instruments and supplies you plan to use are there.
- Avoid needless backtracking – don't repeatedly alternate between two instruments. Use an instrument until you've accomplished what you intended when you picked it up; then return it to your assistant and begin the next step in the procedure.

Accidents happen, but there are many common sense ways to make them far less likely to occur. Here is a summary of the rules we've put in place to reduce your risk of sharps injuries while you're practicing with us:

- [Describe your rules for handling burs and other sharps]
- [Describe your rules for safe injection technique]

***What to do if you have a sharps injury –*** If you think you have had a sharps injury, you must stop patient care immediately and discuss it with your preceptor. If you and your preceptor consider your injury an exposure to bodily fluids, the first step in the response is for the injured worker (you) to stop patient care. The procedure should be completed or temporized by another dentist, usually your preceptor. When you're not sure whether the injury qualifies for the sharps injury response, you can call experts at UC-San Francisco at the PEPLine, 1-888-448-4911. Discuss it with them and then decide what to do. The worst thing you can do is decide it was not a serious injury in the afternoon, then change your mind later that evening.

***Two blood draws are needed –*** A blood sample must be drawn from the injured worker (you), in order to establish that you are not currently seropositive for HBC, HCV or HIV. Blood must also be drawn from the source patient, to determine if he/she is seropositive for any of these viruses.

## Sharps injury testing protocol

***Both blood samples must be tested as soon as possible –*** If so-called "rapid testing" is available, the blood samples will need to be draw in "gold-top" vials known as SSTs, or serum separator tubes. These tubes must be kept chilled and delivered to the lab for rapid testing within two hours of being drawn.

***Response to testing –*** If the source patient is seropositive, the risk of seroconversion by the injured worker (you) is considered quite low. Unfortunately, there is no pharmacologic prophylaxis available to limit the risk of seroconversion for HBV or HCV. You should have been immunized in advance against HBV, but there is some risk of seroconversion for HCV. If the patient is seropositive for HIV, pharmaceutical prophylaxis regimens are available, but they must be implemented as soon as possible after the injury. As part of the response to an exposure, the worker (you) must be seen by a physician trained for the event. Typically, if rapid testing of the source patient's blood is not possible, it is recommended that the injured worker undergo the pharmaceutical prophylaxis until the source patient is confirmed to be seronegative for HIV.

## Patient financial considerations

***Wonder how we pay our bills?*** As you probably realize, many of the children we treat are insured by either Medicaid or the CHP+ (Child Health Insurance Program). We bill those programs for the services we provide to covered children. Our other patients, adults and children not covered by those programs, are charged fees for care based on a "sliding fee schedule." For example, a household with one adult, two children and income of [choose an example] is charged [number] percent of our standard fee schedule. These patients must

pay for their care, based on the sliding fee, on the day it's provided. Our clinic's budget is also supplemented by earnings from other patient care, grants and gifts.

***Treatment must proceed at a pace the patient can afford –*** If you are ahead of schedule during a patient's appointment, it can be tempting to move ahead with a planned treatment procedure. Of course that additional treatment would need the supervising dentist's approval. That treatment would also cause an additional charge for the patient, which the patient did not anticipate. It's important to keep this in mind and discuss it with your preceptor, to avoid putting your patient in an uncomfortable position.

## Section 4: Patient privacy

### Review of HIPAA rules

***You must read our HIPAA training materials –*** Please talk with [Name] about our Personal Health Information (PHI) rules and find out how to access the training materials. We know you have already had HIPAA training at your dental school and at other clinical affiliations, but you need to review our clinic's rules.

***Rules for use of Protected Health Information or PHI –*** HIPAA provides detailed rules for proper use of "Protected Health Information," usually called PHI. This includes all information created or used by health care providers that also identifies the person or contains information that could be used to identify that person. There are two major components of the HIPAA regulations for PHI, the privacy rule and the security rule.

***Two major components of HIPAA regulations –***

- Privacy Rule – Sets standards for who is allowed access to PHI and what use they are allowed to make of it. It also describes the rights each patient has to have control of their own PHI and to have access to it.

- Security Rule – Sets standards for the measures health care providers must take to ensure that access to PHI is limited to people who are allowed access to it by the privacy rule. It is focuses on security of electronic information, but it applies to PHI in all of its forms.

### Privacy and security of PHI

***PHI privacy –*** The privacy rule applies to printed, spoken and electronic forms of information. It says that PHI can only be accessed with the patient's permission and only for the purpose of doing your job related to treating the patient.

***PHI security –*** The security rule is aimed at making sure providers retain secure custody of PHI, so that it doesn't get out into the world. That means being careful with paper

documents, protecting electronic documents and only speaking about PHI in places where you will not be overheard by unauthorized people.

- Sometimes PHI needs to be faxed, emailed, given over the phone or left on voicemail. Make sure you're using the correct fax number, email address, or telephone number. On the phone, confirm who you are speaking to.
- When you send PHI by email, it must be encrypted email. When sent within your university's network, email is typically secure. Outside that network (for example Gmail or Yahoo), it is usually not secure enough for PHI. Talk with your preceptor before emailing any PHI.
- Social networking sites are not secure enough for PHI. Never put PHI on a site like Facebook, even if a patient asks you to do so.
- When a computer is logged into a clinic's server or EDR, you should assume it has access to PHI. Never leave a computer with access to PHI unattended. Before walking away from it, log out or activate a password-protected screen saver.
- Computers that can log into a clinic's server or EDR may never be used to access peer-to-peer websites. These sites are sometimes used to share data, music or video files. Visiting such a site would place the computer at risk of being compromised by spyware that could access our server or EDR. Ask for permission before visiting any website with our clinic computers and please don't surf around the web with our computers.
- PHI is sometimes written on sticky notes or loose pieces of paper. If these are intended as part of the patient's record, they must be scanned into the EDR. Whether scanned or not, do not leave paper with written PHI lying on a counter or desk. It must be shredded as soon as it's no longer being actively used.
- No PHI is allowed to be saved to flash drives or other removable storage devices. This also applies to your personal laptop computer, tablet or smartphone.
- When you have a conversation in which you mention PHI, make sure you are in a non-public area. Never discuss PHI in the reception area or in a hallway outside our treatment areas.

## HIPAA program: Patient rights

***Patients have a right to control their PHI and have access to it –*** Ensuring this right starts with making sure the patient knows their rights, by providing a written copy of our privacy policy. Patients can restrict access to their PHI, so we need the patient's permission to release it to providers outside our clinic. We do have permission to share their PHI within our staff (that includes you, while you're with us), in order to provide them with the treatment they have sought from us. Your patient has a right to see the PHI you've collected and to have a copy of our records on him/her. If the patient believes there is an error in the PHI we maintain on them, they have a right to ask us to correct it. At any time, a patient can request that we tell them about all

disclosures of their PHI that we have made and file a complaint if concerned about what we've done.

## Section 5: Getting the most out of your affiliation

### What we expect of you

***Write down the goals you want to achieve in this affiliation –*** Our purpose in hosting you at our clinic is to help you further your education. Your preceptor can't effectively do that without your active participation. So please write down some goals you have for your time with us and discuss them with Dr. [Name] today. [She/he] will help you refine them and ensure that you begin the affiliation with a set of achievable goals. Then make sure you meet with Dr. [Name] at least once each week, to discuss progress toward meeting your goals. Please don't leave those meetings to chance or assume they can occur at the end of the day on Friday. Instead, set up a date and time to meet each week and then seek out Dr. [Name] for those sessions. It doesn't need to be the same date and time each week, but it needs to be a specific item on your calendar and [her/his] every week.

***Remain engaged with us in a learning experience –*** Please be an active participant in your affiliation. For us, you are not one of many students in a class. The rest of the people in that class are somewhere else and you are our student dentist, here and now. We invite you to take responsibility as a staff provider on our team. This is where we work and we ask you to help us promote open communication and mutual respect as we all do our jobs. Please work with us to make each of our clinic days a success.

***Make sure you meet with Dr. [Name] at the end –*** Don't just disappear when your affiliation is over. Schedule your final meeting with Dr. [Name] at a specific date and time, to ensure that it happens. Bring your written goals with you to that meeting, so you can discuss the degree to which your goals were met. Expect open and direct feedback on your clinical skills, your patient management accomplishments and your ability to work on a dental office team. We also want you to share your thoughts about us with [her/him]. Discuss what went well, as well as things we could do to make the next student's affiliation better.

### Community-oriented care

***Changing the world, one patient at a time –*** We're here to provide a particular type of primary care. Community-oriented care recognizes that the individual patient care and the community's well-being are related. When we educate a patient about his or her own oral health, we believe this information will reach that patient's friends and family members, influencing their health too. If one person improves their oral hygiene or diet, that is likely to either support or challenge the lifestyles of the people around them. We also believe that parents whose own oral health is good are more likely to be aware of their children's oral health. Preventing and treating dental disease in children will have a profound effect on

them.  Oral health problems cause more lost school days than anything else.  Keeping a child in school will help them as adults, in ways we can't predict.

***Shared resources, complex decisions –*** To state the obvious, there isn't enough money to do everything for everyone.  Because there's a limit to the number of patients our clinic can treat in a day, there also is not enough time to do everything for everyone.  At some point while you're with us, you'll find yourself frustrated at being unable to provide some treatment to one of your patients.

When we look at an individual, it's natural to want maximum benefit to be available to that patient.  However, if we aren't able to provide a given treatment to everyone, how should we decide which of the patients who need it, won't receive it?  The issue becomes even more complex if we consider that providing a highly resource-intensive procedure that a few people need will reduce availability of a less resource-intensive procedure that many people need.

In setting policy, we have to balance individual needs with the needs of the community.  We start with a set of less resource-intensive services that we can provide to every one of our patients who needs them.  As we add more resource-intensive services to that baseline set, we choose services that provide the greatest good for the largest number of people.  Then we consider whether there is a fair way to determine who will receive those additional services and who will not.  Thus the policies that affect our clinical decision making for individual patients are based in attempts to use our limited resources with fairness and equity.

**We hope you'll have a great clinical affiliation with us!**

## Welcome to [XYZ] Health Center